

**OFFICE OF BEHAVIORAL HEALTH LICENSING**

150 N. 18<sup>th</sup> Ave., Suite 410

Phoenix, AZ 85027

602-364-2595

**INITIAL APPLICATION FEE REMITTANCE FORM**

FILL IN COMPLETELY

APPLICANT NAME:

FACILITY NAME:

FACILITY ADDRESS:

SUITE

CITY:

STATE:

ZIP:

APPLICATION FEE.....\$50.00\*

**License and bed fees will be collected prior to license issuance. Fees are based on licensed capacity. DO NOT SUBMIT LICENSE AND BED FEES WITH INITIAL APPLICATION.**

Capacity	License Fee	Bed Fee (Number of beds x \$10.00 each)
None	\$100	
1 to 59 beds	\$100	
60 to 99 beds	\$200	
100 to 149 beds	\$300	
150 or more beds	\$500	

Submit by cashier's check, business check, or money order made payable to:

**ARIZONA DEPARTMENT OF HEALTH SERVICES**

Return this form and payment to the above address

**Cash and personal checks are not accepted.**

**\* ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. § 36-405 (c), 36-882 (f) and 36-897.01 (c), except as provided in A.R.S. § 41-1077.**